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Fill in this information to identify your case:					
United States Bankruptcy Court for the:					
EASTERN DISTRICT OF PENNSYLVANIA	_				
Case number (if known)	_ Chapter11				
		☐ Check if this an amended filing			

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	Cardiovascular Medical Associates, P.C.			
2.	All other names debtor used in the last 8 years				
	Include any assumed names, trade names and doing business as names				
3.	Debtor's federal Employer Identification Number (EIN)	23-2208981			
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business		
		818 Chestnut St. Philadelphia, PA 19107			
		Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code		
		Philadelphia	Location of principal assets, if different from principal		
		County	place of business		
			Number, Street, City, State & ZIP Code		
5.	Debtor's website (URL)				
6.	Type of debtor	■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))			
		☐ Partnership (excluding LLP)			
		☐ Other. Specify:			

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Deb	otor Cardiovascular Medio	cal Associates, P.			umber (if known)		
	Name						
7.	Describe debtor's business	A. Check one:					
		■ Health Care Bus	sines	ss (as defined in 11 U.S.C. § 101(27A))			
				state (as defined in 11 U.S.C. § 101(51B)			
				l in 11 U.S.C. § 101(44))			
				ned in 11 U.S.C. § 101(53A))			
		<u> </u>		as defined in 11 U.S.C. § 101(6))			
		☐ Clearing Bank (a	as de	efined in 11 U.S.C. § 781(3))			
		☐ None of the abor	ove				
		B. Check all that apply					
				s described in 26 U.S.C. §501)			
					ent vehicle (as defined in 15 U.S.C. §80a-3)		
		investment advis	ISOF (a	(as defined in 15 U.S.C. §80b-2(a)(11))			
		C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.					
			JSCOL	urts.gov/four-digit-national-association-na	<u>cs-codes</u> .		
		6211					
8.	Under which chapter of the	Check one:					
	Bankruptcy Code is the debtor filing?	☐ Chapter 7					
		☐ Chapter 9					
		Chapter 11. Che	eck a	all that apply:			
					ated debts (excluding debts owed to insiders of to adjustment on 4/01/19 and every 3 years		
				business debtor, attach the most recent	defined in 11 U.S.C. § 101(51D). If the debtor balance sheet, statement of operations, cash or if all of these documents do not exist, follows:	ı-flow	
				A plan is being filed with this petition.			
				Acceptances of the plan were solicited paccordance with 11 U.S.C. § 1126(b).	repetition from one or more classes of credito	ors, in	
				Exchange Commission according to § 1	orts (for example, 10K and 10Q) with the Sec 3 or 15(d) of the Securities Exchange Act of 1 -Individuals Filing for Bankruptcy under Chap	934. File the	
				The debtor is a shell company as define	d in the Securities Exchange Act of 1934 Rule	e 12b-2.	
		☐ Chapter 12		. ,	Ç		
9.	Were prior bankruptcy	■ No.					
	cases filed by or against the debtor within the last 8 years?	_					
		☐ Yes.					
	If more than 2 cases, attach a	District		When	Case number		
	separate list.	_					
		District _		When	Case number		

10. Are any bankruptcy cases pending or being filed by a

business partner or an

affiliate of the debtor? List all cases. If more than 1, ■ No

☐ Yes.

Debtor

Relationship

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Debtor Cardiovascular Medical Associates, P.C.

Case number (if known)

			· · · · · · · · · · · · · · · · · · ·					
	Name							
11.	Why is the case filed in this district?	Check all that apply:						
	uns uisuict?	Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.						
		□ A	bankruptcy case concerning	debtor's affiliate, general partner, or partners	hip is pending in this district.			
12.	Does the debtor own or							
	have possession of any real property or personal	■ No □ Yes.	Answer below for each pro	additional sheets if needed.				
	property that needs immediate attention?		Why does the property n	nply.)				
				pose a threat of imminent and identifiable ha				
			What is the hazard?					
			☐ It needs to be physically	y secured or protected from the weather.				
	☐ It includes perishable goods or assets that could quickly deteriorate o livestock, seasonal goods, meat, dairy, produce, or securities-related a							
			Other	is, meat, daily, produce, or securities related	, ,			
			Where is the property?					
				Number, Street, City, State & ZIP Code				
			Is the property insured?	, , , , , , , , , , , , , , , , , , ,				
			□ No					
			☐ Yes. Insurance agend	ey				
			Contact name					
			Phone					
	Statistical and admin	istrative	information					
13.	Debtor's estimation of		Check one:					
	available funds		■ Funds will be available for	distribution to unsecured creditors.				
		☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.						
1/	Estimated number of	_		T 4 000 5 000	Погоза го осо			
	creditors	■ 1-49		□ 1,000-5,000 □ 5001-10,000	☐ 25,001-50,000 ☐ 50,001-100,000			
		□ 50-9 □ 100-		☐ 10,001-25,000	☐ More than100.000			
		☐ 200-		,				
15.	Estimated Assets	П \$0 -	\$50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	□ \$50,001 - \$100,000			□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			0,001 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		\$ 500	0,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
16.	Estimated liabilities	□ \$0 -	\$50,000	■ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
			,001 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion			
			0,001 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		□ \$500	0,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			

Debtor Cardiovascular Medical Associates, P.C.

Name

Case number (if known)

tbielli@bk-legal.com

Request for Relief	, Declaration, and Signatures					
	d is a serious crime. Making a false statement in connector up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519	ction with a bankruptcy case can result in fines up to \$500,000 or , and 3571.				
 Declaration and signature of authorized representative of debtor 	The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. I have been authorized to file this petition on behalf of the debtor. I have examined the information in this petition and have a reasonable belief that the information is trued and correct.					
	I declare under penalty of perjury that the foregoing Executed on April 6, 2018 MM / DD / YYYYY X /s/ Philip Nimoityn					
	Signature of authorized representative of debtor Title President	Printed name				
18. Signature of attorney	X /s/ Thomas D. Bielli Signature of attorney for debtor Thomas D. Bielli	Date April 6, 2018 MM / DD / YYYY				
	Printed name Bielli & Klauder, LLC Firm name					

Email address

202100 PA

Bar number and State

1500 Walnut St., Ste. 900 Philadelphia, PA 19102

Contact phone 215-642-8271

Number, Street, City, State & ZIP Code